

Commissioner for Patents
4 March 2004
Page Two

Docket No.: P57015

Inventor: 1) HYUN-KI PARK 3) DONG-SIK ZANG
 2) KWI-SEOK CHOI 4) KYU NAM JOO

Title: **ELECTROMAGNETIC WAVE SHIELDING FILTER AND
METHOD OF MANUFACTURING THE SAME**

The Commissioner is authorized to charge our Deposit Account No. 02-4943 for any additional charges necessary towards payment of the issue fee for the above-referenced application. Please notify the undersigned attorney of any transaction regarding our Deposit Account.

In view of the above, it is requested that this application be accorded a filing date pursuant to 37 CFR 1.53(b).

Please address all correspondence to:

Robert E. Bushnell
1522 K Street, N.W.
Suite 300
Washington, D.C. 20005-1202

Respectfully submitted,



Robert E. Bushnell
(Registration No. 27,774)
Payor No.: 008-439
Attorney for the Applicant
1522 K Street, N.W.
Suite 300
Washington, D.C. 20005-1202

Telephone: (202) 408-9040
Telefacsimile: (202) 289-7100

REB/kf

13281

030404

U.S.P.T.O. FEE TRANSMITTAL

Patent fees are subject to annual revision.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (08-00)

Approved for use through 9/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Complete If Known							
Application Number			to be assigned				
Filing Date			4 March 2004				
First Named Inventor			HYUN-KI PARK et al.				
Examiner Name			to be assigned				
Group/Art Unit			to be assigned				
TOTAL AMOUNT OF PAYMENT		(\$) <u>1,022.00</u>		Attorney Docket No.			
METHOD OF PAYMENT (check one)							
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: <u>02-4943</u> Deposit Account Number: _____							
2. <input checked="" type="checkbox"/> Payment Enclosed: (CHECKs #45376 & #45377) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION (continued)							
3. ADDITIONAL FEES							
Deposit Account Number: <u>02-4943</u> Deposit Account Number: _____ <input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1051	130	2051	65	Surcharge-late filing fee or oath		\$	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet		\$	
1053	130	1053	130	Non-English specification		\$	
1812	2,520	1812	2,520	For filing a request for reexamination		\$	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		\$	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		\$	
1251	110	2251	55	Extension for reply within first month		\$	
1252	420	2252	210	Extension for reply within second month		\$	
1253	950	2253	475	Extension for reply within third month		\$	
1254	1,480	2254	740	Extension for reply within fourth month		\$	
1255	2,010	2255	1,005	Extension for reply within fifth month		\$	
1401	330	2401	165	Notice of Appeal		\$	
1402	330	2402	165	Filing a brief in support of an appeal		\$	
1403	290	2403	145	Request for oral hearing		\$	
1451	1,510	1451	1,510	Petition to institute a public use proceeding		\$	
1452	110	2452	55	Petition to revive - unavoidable		\$	
1453	1,330	2453	665	Petition to revive - unintentional		\$	
1501	1,330	2501	665	Utility issue fee (or reissue)		\$	
1502	480	2502	240	Design issue fee		\$	
Total claims	27	-20** =	7	x	18.00	= 126.00	
Independent Claims	4	-3** =	1	x	86.00	= 86.00	
Multiple Dependent						= 212.00	
** or number previously paid, if greater; For Reissues, see below							
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1201	86	2201	43	Independent claims in excess of 3		1809 770 2809 385 Filing a submission after final rejection (37 C.F.R. §1.129(a))	
1202	18	2202	9	Claims in excess of 20		1810 770 2810 385 For each additional invention to be examined (37 C.F.R. §1.129(b))	
1203	290	2203	145	Multiple dependent claim, if not paid		1801 770 2801 385 Request for Continued Examination (RCE)	
1204	86	2204	43	** Reissue independent claims over original patent		Other Fee (specify) _____ \$	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		Other Fee (specify) _____ \$	
SUBTOTAL (2) (\$) <u>212.00</u>						** Reduced by Basic Filing Fee Paid	
						SUBTOTAL (3) \$40.00	
SUBMITTED BY						Complete (if applicable)	
Typed or Printed Name		Robert E. Bushnell, Esq.			Reg. Number	27,774	
Signature				Date	4 March 2004	Deposit Account User ID	

REB/kf

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.